

TO

**BOARD OF OIL AND GAS CONSERVATION  
OF THE STATE OF MONTANA  
2535 ST. JOHNS AVENUE BILLINGS, MONTANA 59102**

**ORGANIZATION REPORT**

1. Full name of the Company, Organization, or Individual \_\_\_\_\_

2. Post Office Address \_\_\_\_\_  
(Street or Box) (City) (State)

3. Form and Purpose of the Organization \_\_\_\_\_

(State whether corporation, a joint stock association, firm or partnership)

(State the purpose of the organization, whether producer, pipe line, refiner, etc.)

If Foreign Corporation, give (1) state where incorporated; (2) name and post office address of Montana agent; date of qualification to do business in Montana

Post Office Address (always give street address too)

4. Officers:

TITLE

NAME

POST OFFICE ADDRESS

Trustee \_\_\_\_\_

Trustee \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

( OVER )

## 5. Directors:

NAME

POST OFFICE ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Is this a re-organization? \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_

Office

State of \_\_\_\_\_

County of \_\_\_\_\_

} ss.

\_\_\_\_\_ being first duly sworn deposes and says that (s)he is the

\_\_\_\_\_ of \_\_\_\_\_ : that (s)he has personal knowledge of the owner-

ship, management and officers of said \_\_\_\_\_ ; that the statements above made concerning said organization are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**MONTANA BOARD OF OIL AND GAS CONSERVATION**

Date Registered \_\_\_\_\_

**ONE COPY WILL BE RETURNED**

Name \_\_\_\_\_

Title \_\_\_\_\_